



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

or filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☒ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☒ Other (i.e. consolidation, intertie, trust water)

Explain: **Add season of use**

C64-013319CL
FOR OFFICE USE ONLY *Douglas*

CHANGE No. DOUG 08-11 WRIA 50
07-14-08
DATE ACCEPTED 5/12/08 BY E
FEE \$ 600 REC'D 5/12/08
CHECK No. 1061 *05-16-2008*
ECY Coding: 001-002-WR10285-000011
SEPA: ☒ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL**

1. Applicant Information:

APPLICANT/BUSINESS NAME AUSA Bar LLC	PHONE NO. ()	FAX NO. ()
ADDRESS P.O. Box 1053		
CITY Brewster	STATE WA	ZIP CODE 98812-1053

CONTACT NAME (IF DIFFERENT FROM ABOVE) W. Scott DeTro	PHONE NO. (509) 826-6316	FAX NO. (509) 826-4704
ADDRESS Law Office of Callaway Howe & DeTro PLLC, 700-A Okoma Drive		
CITY Omak	STATE WA	ZIP CODE 98841-9593

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Claim No. 013319	RECORDED NAME(S) F) A.Z. Roche
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

64-013319CL WR 010: 2072364
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APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

C64-013319CL

DOUG-08-11

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well				29	30	25	30252920004	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
well	1	NW	NW	29	30	25	30252900004	
well	2	NW	NW	29	30	25	30252900004	
well	3	NE	NE	30	30	25	30253010002	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation & domestic	450 GPM	42	April 15 – October 15; domestic-continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation (collectively)	.87 cfs	179.83	May 1 through October 1
Municipal (collectively)	.87 cfs	16.85	Year-round

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See Exhibit A attached							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See Exhibit B attached							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

A) The map attached as Exhibit C depicts the proposed place of use.
B) The existing and proposed points of withdrawal are depicted on the map attached hereto as Exhibit C.
C) Document attached as Exhibit D entitled AUSA Bar LLC Historical Water Use 2002-2006 outlines the methodology and dates used to determine the historical use of water upon the property, including crop net consumptive use.
D) Document attached as Exhibit E entitled Future Beneficial Use with and without in-house return flows dated April 13, 2008 outlines the annual water withdrawal and return flow analysis and changes in consumptive use.
E) Applicant's explanation of request for change is attached hereto as Exhibit F.
F) Copies of the Water Rights and Claims referenced in paragraph 2 are attached as Exhibit G.
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

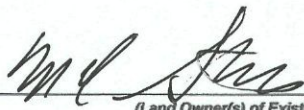
Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

6. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.


(Applicant) - Mel Stodola, President of
Tunk Valley Partners One, Inc.,
Manager of AUSA Bar LLC
4/29/08
(Date)


(Water Right Holder) Mel Stodola,
President of Tunk Valley Partners One, Inc.,
Manager of AUSA Bar LLC
4/29/08
(Date)


(Land Owner(s) of Existing Place of Use)
- Mel Stodola, President of Tunk Valley
Partners One, Inc., Manager of AUSA Bar LLC
4/29/08
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____